STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **End Citizens United** PO Box 66005 ADDRESS (number and street) (Check if address is changed) Washington 20035 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@endcitizensunited.org (Check if address is changed) Optional Second E-Mail Address kimberly@endcitizensunited.org COMMITTEE'S WEB PAGE ADDRESS (URL) endcitizensunited.org (Check if address is changed) DATE 08 2020 C00573261 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Coleman, Kimberly, , , Type or Print Name of Treasurer Coleman, Kimberly, , , [Electronically Filed] 04 08 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
_	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nan		- dge c
End Citizens U		
	Organization, Affiliated Committee, Joint Fundraising Representative, o	ar Loadorchin BAC Sponsor
-		i Leadership PAC Sponsor
Let America Vote PA	$\epsilon_{\scriptscriptstyle{ }}$	
Mailing Address	PO Box 66005	
Mailing Address		
	,Washington , DC	20035
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization 🗶 Affiliated Committee 📗 Joint Fundraising Representative	ve Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the per-	son in possession of committee
	n, Kimberly, , ,	
Full Name	PO Box 66005	
Mailing Address		
	Washington	,20035
	Washington	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	2 798 5253
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
	, Kimberly, , ,	
of Treasurer	PO Box 66005	
Mailing Address		
	Washington	20035
Title or Position , Treasurer	CITY STATE	ZIP CODE 2
	Telephone number	

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent Bogden, A	\manda, , ,		
Mailing Address	PO Box 66005		
	Washington CITY	DC 20035 STATE	ZIP CODE
Title or Position Assistant Treasurer		Telephone number 202 - L	798 5253
safety deposit boxes or main Name of Bank, Depository,	amated Bank 1825 K Street NW Washinton	DC 20006	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	of America		
Mailing Address	55 M St SE		
	Ste 101		
	Washington	DC 20003	
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
END CITIZENS (JNITED - PRIORITY		
Mailing Address	514 DANIELS ST		
	#286		
	RALEIGH	NC NC	27605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number - optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY A	STATE Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
END CITIZENS U	JNITED - URGENT		
	THE PARTY OF		
Mailing Address	514 DANIELS ST		
	#286		
	RALEIGH	NC NC	27605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			FEC ID	number	C
1.			FEC ID		C
2.			J		C
3.			FEC ID		
4.			FEC ID	number	C
ame of Any Connected	Organization, Affiliate	ed Committee, Joint Fu	ndraising Repr	esentative	e, or Leadership PAC Spor
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					1 1 1 1 1 1 1 1
Moiling Address	514 DANIELS ST				
Mailing Address	#286				
	RALEIGH			NC I	27605
Relationship:		CITY A		STATE A	ZIP CODE A
Connecte	d Organization Affi	iliated Committee x J	oint Fundraising	Representa	Leadership PAC S
		hone number – optional		Representa	Leadership PAC S
esignated Agent: Identi				Representa	Leadership PAC S
esignated Agent: Identi				Representa	Leadership PAC S
esignated Agent: Identi	y by name, address (pl	hone number – optional			
esignated Agent: Identi	y by name, address (pl	hone number – optional		Representa	
esignated Agent: Identi Full Name Mailing Address	y by name, address (pl	hone number – optional		TATE A	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (pl	hone number – optional	ST Telephone Nur	TATE A	ZIP CODE A
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